Operational Perspective for CATF Surgeon Course

Bonnie B. Potter
Fleet Surgeon
U.S. Atlantic Fleet

CATF Surgeon Responsibilities

- Medical support of embarked troops
- Seaward evacuation, treatment and initial hospitalization
- Coordination of evac from AOA
- Formulation of evac policy
- Support of LF ashore

General suggestions for CATF Surgeon

- Organization and Chain of Cmd
- Environment
- Capabilities/equipment
- Limitations
- Importance of planning
- Anticipate!
- Communication key to success

Preparations

- Obtain EPMU updates and arrange AFMIC support
- Medical Record reviews
  - immunizations
  - DNA registration
  - consults
  - fitness for deployment

Preparations

- Coordination CVBG/ARG/MEU
- Verify AMAL and MMART Blocks
- Evaluate lab, blood (liquid and frozen), equip status
- Training for mass casualty, chem-bio preparations

Prevention

- Women at Sea Issues
- Pregnancy ‘Smart Choices’
  - single parent sailors
  - same gender peer counseling
- Alcohol counseling
- Injury and Suicide prevention
- SPRINT

CNO Message

"It is important for everyone in our Navy to remember the Main Thing, our reason for being: namely, the Fleet and mission accomplishment. Everything we do must center on the Fleet."

Fleet Concerns

- PCM capabilities vary; roles and responsibilities not defined; little feedback from MTF.
- Fleet PCM’s not integrated into MTF, TRICARE system; CHCS.
- Operational needs not being met!

MHSO Problems for the Fleet

- Organizational structure.
- Focus on benefit and MTF.
- PCM capabilities vary.
- Enrollment, PCM assignment.
- Culture resists change.
- TRICARE perceptions.

Perception = Reality

- Our credibility is at stake!
- Our reputation is on the line!
- We are not doing all we can do to take care of our Sailors and Marines!

Keys to Success

- Principles of population health and demand management.
- System and MTF optimization.
- TEAMWORK: Must function as an Integrated Health System.
- Must focus on the Main Thing.